

2006 Dollar Certification of Budget Request to Board of County Commissioners L-2 Hospital Districts

District or Taxing Unit's Name:

County(ies):

Fund	Total Approved Budget*	Cash Forward Balance	Other revenue <u>NOT</u> shown in Column 5	Property Tax Replacement (Equal to line 13 of L-2 Worksheet)	Balance to be levied	Calculated Levy Rate	Maximum Levy Rate
					Col. 2 minus (Cols. 3+4+ 5)	(County Use Only)	(County Use Only)
1	2	3	4	5	6	7	8
Subtotal: All funds that are not voter approved except I.C. §63-1305 judgments:							
Column Total:							

I certify that the amounts shown above accurately reflect the budget being certified in accordance with the provisions of section 63-803, Idaho Code, to the best of my knowledge, this district has established and adopted this budget in accordance with all provisions of Idaho law.

If a public hearing was held please initial here:

Signature and Title of District Representative:

Please print Contact Name, Mailing Address, and E-mail address

Date:

Phone Number: ()

Fax Number: ()

Net Taxable Market Value Computation: For County Clerk Use Only

County	New Construction Roll Value:	Annexation Value:	Net Taxable Market Value:
Total Value:			

* NOTE: Do not include revenue allocated to urban renewal agencies.

Revised 4/13/2006 (form BL008)